

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <div style="border: 1px solid black; width: 150px; height: 20px; background-color: black; margin: 5px 0;"></div> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee </p> <p>B. Received by (Printed Name) <div style="border: 1px solid black; width: 150px; height: 20px; background-color: black; margin: 5px 0;"></div> </p> <p>C. Date of Delivery <div style="border: 1px solid black; width: 100px; height: 20px; text-align: center; margin: 5px 0;">11-4-11</div> </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No </p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; width: 250px; height: 80px; background-color: black; margin: 5px 0;"></div>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail </div> <div> <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. </div> </div>
<p>2. Article Number <i>(Transfer from service label)</i></p> <div style="border: 1px solid black; width: 250px; height: 30px; background-color: black; margin: 5px 0;"></div>	<p>4. Restricted Delivery (Endorsement Fee) <input type="checkbox"/> Yes </p>

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

U.S. Postal ServiceTM

CERTIFIED MAILTM RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

1049329 SPECIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

PS Form 3800, Jul

LOG # 1049329

Attachment # 6